



NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

734 15th Street NW - Suite 700 | Washington, DC 20005-1013
tel.202.637.0470 | fax.202.637.0471 | toll free 888.TRY.NCDC (879.6232)
www.ncdc.org

2019 AFFILIATE MEMBERSHIP RENEWAL FORM

Please return by December 31, 2018

Organization: _____

City, State: _____

Membership Dues

Affiliate Member Dues are available **only** to Catholic Charities agencies and parishes of NCDC Diocesan members.

\$460/year

Accountability Information

Member organizations/institutions agree to:

- Adhere to the **NCDC Code of Stewardship and Ethics** (available online at ncdc.org/become-a-member)
- Support the **Donor Bill of Rights** (available online at ncdc.org/become-a-member)

Send a copy of your **Statement of Accountability** to the NCDC office annually (the report you send to donors/ contributors in response to their inquiries; NCDC will provide assistance to help ensure this statement is available)

My organization's **Statement of Accountability** is enclosed.

By my signature below, I certify the accuracy of this form to the best of my knowledge and my organization agrees to adhere to the above-mentioned documents to the best of our ability.

Name of Accredited Representative (PRINT) _____

Signature of Accredited Representative _____ Date _____

Payment Information

Check Enclosed

Visa Mastercard American Express Discover

Card # _____ Exp. Date ____ / ____ CVV _____

Name of Cardholder _____

Billing Address _____

City _____ State _____ Zip _____

Signature of Cardholder _____

At this time, Affiliate Membership Renewals must be returned via mail.



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